



What you need to know...

Health Benefits Into Retirement



Eligibility

Health Vesting Requirements

Changing Plans

Life Events

Health Plan Types

Dental and Vision

Medicare Eligibility

Medicare Parts A - D

CalPERS Medicare Enrollment

Medicare Reimbursement

Resources



As a retiree if:

State and CSU employees

- Retire within 120 days of separation
- Monthly allowance
- Eligible for health at separation



As a retiree if:

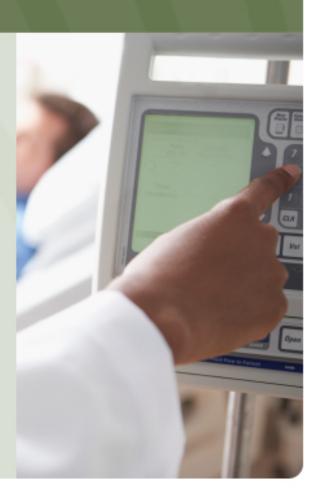
Contracting Agency employees

- Retire within 120 days of separation
- Monthly allowance
- Contract for your specific bargaining group



If separation and retirement dates are:

- Within 30 days
- Between 30 days and 120 days
- More than 120 days apart





Family members:

- Enrolled at retirement
- Enrolled after retirement
 - Loss of coverage
 - Open Enrollment
 - Qualifying event





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Health Vesting Requirement

- State of California and some contracting agencies
- School and Public Agencies
 - Contact your employer
- State disability, CSU and legislative retirees



Health Vesting - State Retirees Only

First hired by State before 1/1/1985:

No vesting criteria = 100 percent of the State's health contribution rate



Health Vesting - State Retirees Only

First hired by State 1/1/1985 through 01/01/1989:

Years of CalPERS Service Credit	Percentage of State's Share of Premium
Less than 10 years	Prorated based on years of service
10 years or more	100 percent



Health Vesting - State Retirees Only

First hired by State after 1/1/1989:

Years of State Service Credit	Percentage of State's Share of Premium
10 years	50 percent
11 through 19 years	50 percent + 5 percent for each completed year over 10 years
20 or more years	100 percent



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Changing Plans

Life Events

Health Plan Types

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Medicare Reimbursement

Resources



Changing Your Plan

- Open Enrollment
- Medicare eligibility
- Qualifying events





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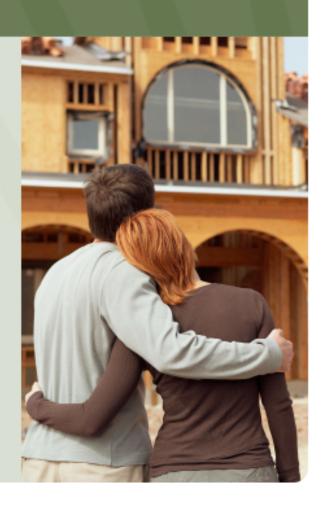
Resources



Life Events

Report to CalPERS immediately:

- Marriage / registered domestic partnership
- Divorce / termination of partnership
- Death of a member / family member
- Medicare
- Moving





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Preferred Provider Organization (PPO)

- PERSCare*
- PERS Choice*
- PERS Select

*Available to members living outside of California

Health Maintenance Organizations (HMO)

- Blue Shield of California
 - Blue Shield Access+
 - Blue Shield NetValue
 - Blue Shield Advantage
 - Blue Shield NetValue Advantage
- Kaiser Permanente*

*Available to members living outside of California in limited areas.

Association Plans

- Peace Officer Research Association (PORAC)*
- California Association of Highway Patrolmen (CAHP)*
- California Correctional Peace Officers Association (CCPOA)

Note: Pay your dues

*Limited coverage and availability to members living outside of California



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Health Vesting Requirements Medicare Parts A - D

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Dental

State / CSU

- Retire within 120 days of separation, and
- Receive a monthly allowance

Note: Department of Personnel Administration or the CSU Chancellor's Office

School and Public Agency employees contact your employer



Vision

State / CSU

- · Premium paid by retiree
- Vision Services Plan (VSP)
 - (800) 877-7195
 - www.vsp.com

School and Public Agency employees check with your employer



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Health Vesting Requirements

Changing Plans

Life Events

Health Plan Types

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Medicare Eligibility

Federal health insurance:

- Age 65 +
- Under age 65
- End-Stage Renal Disease





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Health Vesting Requirements

Changing Plans

Life Events

Health Plan Types

Dental and Vision

Medicare Eligibility

Medicare Parts A - D

CalPERS Medicare Enrollment

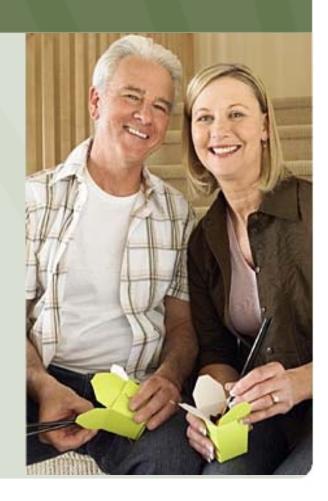
Medicare Reimbursement

Resources



Medicare Part A

- Individuals age 65 or older
 - Premium-free Part A
 - Not entitled to premium-free Part A
 - Option to purchase Part A
- Under 65 with certain disabilities





Medicare Part B

- Enroll at age 65 or under 65 with certain disabilities
- Initial Enrollment Period
- 10% penalty
- Enroll during SSA General Enrollment Period
- Transfer to a CalPERS Medicare health plan



Medicare Part B

Special enrollment period:

- Actively working beyond age 65
- Covered by an active employer group health coverage
- Within 60 days of separation from employment
 - Contact Social Security
 - Notify CalPERS





Medicare Part C

CalPERS offers two:

- Kaiser Permanente Senior Advantage (KPSA)
- Blue Shield Advantage 65 Plus

Note: These two plans are not available in all areas.



Medicare Part D

- Voluntary prescription drug benefit
- Included in CalPERS health plans
- Do not enroll yourself in a non-CalPERS Part D plan
- Kaiser Permanente Senior Advantage and Blue Shield Advantage 65 Plus



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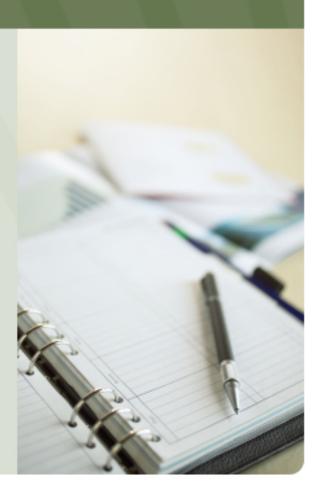
Enrollment is required if:

- Retired
- Eligible for Medicare Parts A and B
 Enrollment is not automatic.
- Certification of Medicare Status form
- Supporting documentation





- Notification Process
 - 1) Initial notice
 - 2) Reminder notice
 - 3) Notice of cancellation
- Certification of Medicare Status Form
- Cancellation of health coverage





CalPERS Education Center

Health Benefits Into Retirement

Certification of Medicare Status Form

Please complete Section 1, and either Secti	ion 2, 3 or 4. Sign and date the form and return it to
CalPERS at address listed below.	
Section 1: Please enter the Member's/Dep CalPERS Retiree Name:	endent's name and Social Security Number CalPERS Retiree Social Security Number:
der end mente mane.	can chainter out an arturny manner.
Member/Dependent Age 65 or older:	Member/Dependent Social Security Number:
Section 2: For Member/Dependent Enrolle	d in Medicare Parts A and B
	icare Part B. This is the information reflected on my red, white
Name of Medicare Beneficiary	
Medicare Claim Number	
HOSPITAL (PART A) effective date	··_
MEDICAL (PART B) effective date	
I am not eligible for premium-free Medicare verified this with the Social Security Administr	Part A (in my own right or through a spouse). I have asson and have attached documentation of this fact.
verified this with the Social Security Administr (Check both boxes that apply to you.) I did not work for gay Social Security or I worked for Social Security covered en	Part A (in my own right or through a spouse). I have retion and have attached documentation of this fact. overed employment, inployment, but have less than 40 quarters.
I am not eligible for premium free Medican- verified this with the Social Security Administr (Check both boxes that apply to you) I did not work for any Social Security or I worked for Social Security covered en	Part A (in my own right or through a spouse). I have ration and have attached documentation of this fact.
☐ I am not eligible for premium free Medicare ventified this with the Social Security Administr (Check both boxes that apply to you.) ☐ I did not work for gry Social Security or ☐ I worked for Social Security covered en ☐ I do not have a spouse (current, former Section 4: For Member/Dependent who wo ☐ I have deferred Medicare Part B enrollment	Part A (in my own right or through a spouse). I have retion and have attached documentation of this fact. overed employment, inployment, but have less than 40 quarters.
☐ I am not eligible for premium free Medicare ventified this with the Social Security Administr (Check both boxes that apply to you.) ☐ I did not work for gry Social Security or ☐ I worked for Social Security covered en ☐ I do not have a spouse (current, former Section 4: For Member/Dependent who wo ☐ I have deferred Medicare Part B enrollment	i Part A (in my own right or through a spouse). I have ration and have attached documentation of this fact. overed employment, inployment, but have less than 40 quarters. or deceased) that qualifies me for Medicare Part A. with and has Employer Group Health Plan coverage to due to working beyond age 65 and have coverage in
I am got eligible for premium free Medicars ventiled this with the Social Security Adminish (Check both boxes that apply to you.) I did not work for gny Social Security or I worked for Social Security covered en I do not have a spouse (current, former Section 4: For Member/Dependent who we I have deterned Medicare Part B enrollmen my/my spouse's Employer's Group Health Pto	Part A (in my own right or through a spouse). I have retion and have attached documentation of this fact. overed employment, inployment, but have less than 40 quarters. or deceased) that qualifies me for Medicare Part A, wiks and has Employer Group Health Plan coverage it due to working beyond age 65 and have coverage in an and have attached documentation of this fact.
☐ I am not eligible for premium free Medican verified this with the Social Security Administr (Check both boxes that apply to you) ☐ I did not work for any Social Security or ☐ I worked for Social Security covered en ☐ I do not have a spouse (current, former Section 4: For Member/Dependent who wo ☐ I have deferred Medicare Part B enrollment myltmy spouse's Employer's Group Health Pto 1. Name of your current employer 2. Name of your Group Health Pton provided	Part A (in my own right or through a spouse). I have retion and have attached documentation of this fact. overed employment, inployment, but have less than 40 quarters. For deceased) that qualifies me for Medicare Part A, increased that gualifies me for Medicare Part A, increased to see that qualifies and have coverage in and have attached documentation of this fact.
I I am got eligible for premium free Medicans ventiled this with the Social Security Adminish (Check both boxes that apply to you.) I did not work for gry Social Security or I worked for Social Security covered en I do not have a spouse (current, former Section 4: For Member/Dependent who we I have deterred Medicare Part B enrollmen myltry spouse's Employer's Group Health Pts 1. Name of your current employer 2. Name of your Group Health Ptan providual Under penalty of perjury, I certify that the about	Part A (in my own right or through a spouse). I have retion and have attached documentation of this fact. overed employment, inployment, but have less than 40 quarters. For deceased) that qualifies me for Medicare Part A, increased that gualifies me for Medicare Part A, increased to see that qualifies and have coverage in and have attached documentation of this fact.
I am not eligible for premium free Medican ventified this with the Social Security Administr (Check both boxes that apply to you.) I did not work for gry Social Security or I worked for Social Security covered en 1 to not have a spouse (current, former Section 4: For Member/Dependent who we I have deferred Medicare Part B enrollment mylinty spouse's Employer's Group Health Plan. Name of your current, employer Name of your current employer Name of your Croup Health Plan provide Under penalty of perjury, I certify that the above Signature	is Part A (in my own right or through a spouse). I have retion and have attached documentation of this fact. Inverse demployment, in the special spec
□ I am not eligible for premium free Medicans ventified this with the Social Security Adminish (Check both boxes that apply to you.) □ I did not work for gny Social Security or I worked for Social Security covered en I worked for Social Security covered en I worked for Social Security covered en I have deferred Medicare Part B enrollment mylimy spouse's Employer's Group Health Plat 1. Name of your current employer 2. Name of your Group Health Plan provid Under penalty of perjury, I certify that the aboresispanture (is Part A (in my own right or through a spouse). I have retion and have attached documentation of this fact. Inverse demployment, in the special spec
□ I am not eligible for premium free Medicans ventified this with the Social Security Adminish (Check both boxes that apply to you.) □ I did not work for gry Social Security or I worked for Social Security covered en □ I do not have a spouse (current, former Section 4: For Member/Dependent who we I have deferred Medicare Part B enrollment mylimy spouse's Employer's Group Health Pto 1. Name of your current, employer 2. Name of your Group Health Pto 1. Name of your Group Health Pto 1. Name of your Current, employer 2. Name of your Group Health Pton provide Under penalty of perjury, I certify that the about Signature (Company Medicans I company of Employer I continued the second of Employer I continued the s	is Part A (in my own right or through a spouse). I have retion and have attached documentation of this fact. Inverse demployment, in the special spec



Enrollment in Medicare Parts A and B

ection 2: For Member/Dependent Enrolled in Medicare Parts A and] I am enrolled in Medicare Part A and Medicare Part B. This is the info nd blue Medicare card or Notice of Entitlement from the Social Security	rmation reflected on my red, white,
Name of Medicare Beneficiary	
Medicare Claim Number	
HOSPITAL (PART A) effective date	
MEDICAL (PART B) effective date	



Ineligible for Medicare

Section 3: For Member/Dependent claiming Medicare Ineligibility I am not eligible for premium-free Medicare Part A (in my own right or through a spouse). I have verified this with the Social Security Administration and have attached documentation of this fact. (Check both boxes that apply to you.)
☐ I did not work for any Social Security covered employment.
☐ I worked for Social Security covered employment, but have less than 40 quarters.
☐ I do not have a spouse (current, former or deceased) that qualifies me for Medicare Part A.

Defer enrollment

Section 4: For Member/Dependent who works and has Employer Group Health Plan coverage I have deferred Medicare Part B enrollment due to working beyond age 65 and have coverage in my/my spouse's Employer's Group Health Plan and have attached documentation of this fact.		
Name of your current employer		
Name of your Group Health Plan provided by your employer		



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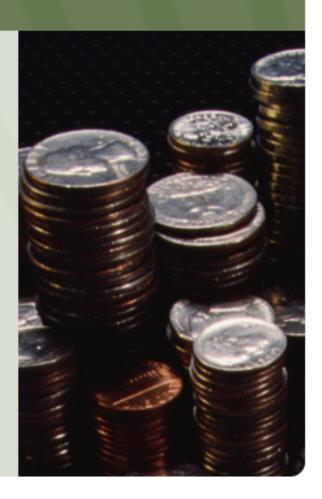
Medicare Reimbursement

Resources



Medicare Reimbursement

- State of California / CSU retirees
- Reimbursement amount
- Public agency and school retirees





Medicare Reimbursement

Income Related Monthly Adjustment Amount (IRMAA)

- Part B premiums based on individual incomes
- SSA adjusts premiums annually
- Additional Medicare Part B reimbursement.

Resources: Websites, Publications, & Telephone Numbers

- my|CalPERS member website at my.calpers.ca.gov
- CalPERS On-Line website at www.calpers.ca.gov
- Medicare website at www.medicare.gov
- Centers for Medicare & Medicaid Services at www.cms.hhs.gov
- CalPERS Medicare Enrollment Guide
- CalPERS Health Program Guide
- CalPERS Health Benefits Summary
- Health Plan Evidence of Coverage (EOC)
- CalPERS 1(888)CalPERS or 1(888)225-7377
- SSA Medicare Hotline 1(800)772-1213